

CLAIMS ONLY	Application Number 10/289932	Filing Date
	Applicant(s)	

Filing Date

Applicant(s)

* May be used for additional claims or amendments.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4		1				
5						
6		1				
7	1					
8		1				
9		1				
10						
11		1				
12		1				
13	1					
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42						
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48						
49						
50						
Total Indep	4					
Total Depend	10					
Total Claims	14					

May be used for additional claims or amendments.

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						